



BENTON-FRANKLIN  
DISTRICT HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
800 W CANAL DRIVE  
KENNEWICK, WA 99336  
(509) 582-7761 Ext. 246  
(800) 814-4323

FOR OFFICE USE ONLY

**APPLICATION TO OPERATE A CATERING SERVICE OR FOOD DEMONSTRATOR**

☐ NEW CONSTRUCTION ☐ REMODELING ☐ MENU CHANGE ☐ CHANGE OF OWNERSHIP

All information requested in the plan and menu review process document must accompany this application and be approved by this department prior to beginning construction or operation, or implementing menu changes.

DATE OF APPLICATION \_\_\_\_\_ PROPOSED OPENING DATE \_\_\_\_\_

1. PROPOSED BUSINESS NAME \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mailing Address (For newsletters & local updates. This should be a local address).

\_\_\_\_\_

2. ESTABLISHMENT OWNER'S NAME \_\_\_\_\_

3. DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

4. BILLING INFORMATION:

Name of Responsible Party \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

5. TYPE OF ESTABLISHMENT : ☐ CATERER ☐ FOOD DEMONSTRATOR

6. COMMISSARY LOCATION (Where Food Will Be Prepared): \_\_\_\_\_

\_\_\_\_\_

7. PLEASE COMPLETE THE FOLLOWING CONCERNING THE COMMISSARY:

a. Number of food preparation sinks \_\_\_\_\_

b. Number of hand washing sinks \_\_\_\_\_

c. Number of refrigerators \_\_\_\_\_

d. Method of dish washing ☐ 3-compartment sink ☐ Dishwasher

e. Number of restrooms \_\_\_\_\_

f. Sewage disposal: ☐ Municipal ☐ On-site Septic Tank

g. Water supply: ☐ Municipal ☐ On-site Well

h. Garbage disposal company \_\_\_\_\_

i. Square footage \_\_\_\_\_

8. HOT HOLDING

a. Method of Hot Holding in transit: ☐ Cambro Boxes

☐ Insulated Containers

☐ Other \_\_\_\_\_

- b. Method of Hot Holding On-site: ☐ Steam Table  
☐ Chaffing Dishes  
☐ Other\_\_\_\_\_

9. COLD HOLDING

- a. Method of Cold Holding in transit: ☐ Refrigerator  
☐ Ice Chest  
☐ Other\_\_\_\_\_

- b. Method of Cold Holding On-site: ☐ Refrigerator  
☐ Ice Chest  
☐ Other\_\_\_\_\_

10. HANDWASHING METHOD On-site: ☐ Plumbed sink  
☐ Temporary Hand washing set-up

11. DISHWASHING METHOD On-site: ☐ 3-Compartment sink  
☐ 3 wash basins  
☐ Other\_\_\_\_\_
- ☐ N/A

12. FOOD DEMONSTRATORS ONLY- Will sampling occur? ☐ Yes ☐ No  
If yes, describe food items which will be sampled and your method of sampling them:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. COMMENTS:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I certify by signature, that I am the owner of the establishment or his/her designee. I further certify that I grant permission to allow the Health Officer and/or his/her representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspection or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of WAC 246-215, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Benton-Franklin District Board of Health Regulations or the WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease and desist all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

NOTE: This application makes no claim as to compliance with requirements of other state, county, or city agencies. It is the applicant's responsibility to contact these departments.